



PARTICULARS OF RISK TO BE INSURED				
Location of equipment to be insured (address of building, storey):				
Period of insurance: From _____ to _____				
SECTION 1 - MATERIAL DAMAGE COVER				
1a. items to be insured:				
Item	Quantity	Description of equipment/systems (type, manufacture, model and serial no.)	Year of Manufacture	Sum Insured*
<b>*Note on Sum Insured:</b> Please state current cost of replacing the equipment by new equipment of the same kind plus freight charges custom duties, costs of erection, package material.				
1. Which item is on mobile usage and what is the extent of territory:				
2. Is the building of solid construction (reinforced concrete, brickwork) and is it in a good state of repair? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">             If not, please provide further details regarding construction of building and state of repair as well as define structural short comings.           </div>				
3. Does a fire detection and alarm system exist? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
4. Has a burglar alarm system been installed in the building? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
5. Is the building under constant security surveillance? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
6. Has the building been affected by floods of any kind within the past 5 years? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">             If yes, please describe cause of loss and the extent of loss.           </div>				
Were loss prevention measures initiated as a consequence? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
7. Please describe loss or damage to the items requiring cover in the past 3 years. Were loss prevention measures initiated as a consequence? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
8. Are there any other exceptional hazards (e.g. dust, humidity/moisture, corrosive gases, adverse weather conditions, tremors/vibration) known within the company requesting cover or in the direct neighborhood? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">             If yes, please provide details:           </div>				
9. Has a lightning protection system been installed in the building in which items requiring cover are located (external lightning protection)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
10. Are the items to be insured safeguarded by overvoltage protection devices fitted to the high voltage and telecommunication lines? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				

11. Risk – influencing circumstances:	
a. Is there any sprinkler system and/or powder extinguishers in the equipment room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the insured item(s) installed in rooms which have an extensive water supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is there any special access restriction(s) to the equipment room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is the power supply via an Uninterrupted Power Supply (UPS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Is there any Comprehensive Maintenance Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Is service/maintenance carried out by trained in-house technicians?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Is the insured item(s) installed below ground level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 2 - DATA MEDIA COVER</b>	
1. Data media cover is required for the following:	<u>Sum Insured (in RM)</u>
<input type="checkbox"/> master & transaction data (e.g. customer, payroll data) <input type="checkbox"/> standard programmes out of series production <input type="checkbox"/> customized user programmes	
Total Sum Insured: _____	
2. a. On which system will the data to be insured be processed?	
<input type="checkbox"/> Individual PC <input type="checkbox"/> Networked PC <input type="checkbox"/> Central Processing Unit	
b. Overall storage capacity in MB:	
3. Is data backup carried out: <input type="checkbox"/> Daily <input type="checkbox"/> Less frequently <input type="checkbox"/> Once a week <input type="checkbox"/> Never <input type="checkbox"/> Once a fortnight	
4. Is data media stored below ground level? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
5. Is backup data taken to an external location (Different fire area):	
Daily <input type="checkbox"/> Less frequently <input type="checkbox"/> Once a week <input type="checkbox"/> Never <input type="checkbox"/> Once a fortnight Please provide the external storage address:	
6. Is backup data stored in security values/ rooms? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
7. Has a fire detection and alarm system been installed in the room in which insured items are located? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
8. Are there special access restrictions to the room in which insured items are located? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
9. Does a Comprehensive Maintenance Agreement exist for the system? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
<b>SECTION 3 - INCREASED COST OF WORKING (ICOW) as a result of EDP SYSTEMS</b>	
1. Proposer's insured EDP system	
a. Manufacturer, type, year of manufacture?	
b. Is system purchased or leased?	<input type="checkbox"/> Purchased system <input type="checkbox"/> Leased System
c. Is the lessee of the system free of liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Daily working hours:	
Daily hours the back-up system is used:	
Cost of back-up system per hour:	
Number of back-up days per month:	
e. Is there an uninterruptible and/or mains back-up power supply system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, is its value included in the sum insured?	
<span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
f. Is there an air-conditioning system serving the EDP system alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, is its value included in the sum insured?	
<span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
g. Is it possible in the event of failure to utilise other EDP systems so as to obviate using an outside system?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Outside EDP system available for use:

a. Name and address of

☐ Owner  
☐ Lessee

b. Is the use of the outside EDP system subject to any special conditions (Waiting period, Conversion measure, etc.)?

☐ Yes ☐ No

If so, please specify.

c. Has the system already been used?

☐ Yes ☐ No

Causes:

Maximum Duration:

Maximum Cost incurred:

3. Determination of sum insured:

3.1 Cost of using the outside EDP system (e.g. rent)

Relevant cost per hour x hours per day + \_\_\_\_\_

3.2 Additional cost for staff or third-party wage work and services incurred in using the outside EDP system

Cost Per Day + \_\_\_\_\_

3.3 Additional transport cost for data media

Cost per day + \_\_\_\_\_

3.4 Cost saved in the event of a loss if the proposer's own EDP system fails (e.g. power, rent)

Cost per day % \_\_\_\_\_

Daily compensation (DC)

Result 3.1 - 3.4

Annual sum insured

DC x working days per month when the insured system is used x 12

ICOW incurred only once (e.g. reprogramming)

- First-loss sum insured

4. Conditions desired:

a. Period of indemnity

☐ 3 Months  
☐ 6 Months  
☐ 9 Months

☐ 12 Months  
☐ Others \_\_\_\_\_

b. Deductible


☐ 2 times the DC amount  
☐ 3 times the DC amount  
☐ 5 times the DC amount

☐ 10 times the DC amount  
☐ Others \_\_\_\_\_

c. Exclusions on account of other existing insurance?

☐ Yes ☐ No

If so, please specify.

PAYMENT METHOD	
Total Premium Paid: RM .....	Please select payment method.
<input type="checkbox"/> Cash	
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> JomPay           For payment via JomPay, please provide proof of payment.         </div> <div style="text-align: right;">  <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">             Biller Code: 1388              Ref-1: Cover note No/Policy No/EndtNo              Ref-2: Agent Code/Name &amp; Contact No           </div> </div> </div> <div style="text-align: right; font-size: 0.7em; margin-top: 5px;">             JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account           </div>	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Visa   <input type="checkbox"/> MasterCard           </div> <div style="text-align: center;">             Card No.  <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <span>-</span> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <span>-</span> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> </div> <div style="text-align: right; margin-top: -10px;">             Expiry Date  <div style="display: flex; justify-content: flex-end; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">m</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">m</div> <span>/</span> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">y</div> </div> </div>	

 Cardholder's Name: .....  
  

Date: .....
Cardholder's Signature: .....

**SERVICE TAX** - The Premium payable by you shall be subjected to service tax pursuant to the Service Tax Act 2018, including any subsidiary legislations, orders or regulations governing the application of such tax, as may be imposed or amended by the relevant authorities from time to time.